



REQUEST FOR PROPOSAL CITY OF JERSEY CITY DENTAL PROGRAM

1. SCOPE

The City of Jersey City, Office of Health Benefits is requesting proposals for the City's Dental Capitation & Open Program for Jersey City employees. It is requested that all Providers submit a super-composite rate with all proposals as well as 3 tiered rate options.

2. DENTAL PROGRAM

CLOSED DENTAL PROGRAM

Horizon Dental Choice	Employee	302
Plan J	Employee/Spouse	93
Subgroup 11,19	Family	249
	Parent/Child	154
	<u>TOTAL</u>	<u>798</u>

OPEN DENTAL PROGRAM

Dental Option Plan	Employee	210
Subgroups 06,07,08,09	Employee/Spouse	116
\$2,000 Annual Max	Family	508
	Parent/Child	104
	<u>SUBTOTAL</u>	<u>938</u>

Dental Option Plan	Employee	184
Subgroups 01,02,03,04,05,17	Employee/Spouse	145
\$1,300 Annual Max	Family	102
	Parent/Child	43
	<u>SUBTOTAL</u>	<u>474</u>

<u>TOTAL</u>	<u>1412</u>
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RETIREE DENTAL PROGRAM

Retiree Open Plan Option	Employee	162
Dental Option Plan	Employee/Spouse	213
\$1,300 Annual Max	Family	67
Subgroups 10,14	Parent/Child	17
	<u>SUBTOTAL</u>	<u>459</u>

RETIREE DENTAL PROGRAM

Retiree Closed Plan Option	Employee	32
Horizon Dental Choice	Employee/Spouse	37
Subgroups 13,15	Family	7
	Parent/Child	4
	<u>SUBTOTAL</u>	<u>80</u>
	<u>TOTAL</u>	<u>539</u>

* Employees will have the option to select either the open or capitated dental program upon the selection of a new Dental provider so final enrollment numbers may change. Proposal requires Carrier provide rates for possible new Retiree Option of Open Plan with \$2,000 Annual Maximum for retirees of applicable subgroups. The City reserves the right to not offer this third Retiree Option.

3. TERM AND TERMINATION OF AGREEMENT

- a) The agreement shall be executed effective January 1, 2014, with coverage to commence January 1, 2014.
- b) The initial term of service shall be for no less than one (1) year as determined by final proposals as deemed in the City's best interest and shall be from the effective date of coverage, to commence no later than January 1, 2014. The final contract is to be confirmed by resolution of the Municipal Council authorizing award of the agreement.
- c) The Plan Provider shall provide an option for all items in the agreement to be renewed for one (1) year or two (2) additional years at (1) one year intervals from the effective date of coverage, and provide any projected changes in costs.
- d) This agreement shall terminate immediately upon the disqualification of the Plan Provider to practice dentistry, or operate a dental plan organization, subject however, to the Plan Provides right to assign its rights and obligations under this agreement, any assignment is subject to the prior approval of the City, as provided in Section e.

e) In the event the Plan Provider desires to effect an assignment, it shall notify the City in writing of the proposed date of assignment and the name and address of the assignee. The assignment may thereafter be effected, unless the City notifies the Plan Provider of its objections in writing within thirty (30) days following receipt by it of such notice of assignment. Assignee must provide same information and format as required in this request for proposals.

f) This agreement shall terminate upon termination of the collective bargaining agreement by and between the Union and the City of Jersey City, in the event that the Union cannot successfully renegotiate with the city to provide payment for dental service benefits for the remaining term of this agreement. The termination hereunder, shall be effective as of the date payments for dental service benefits from the City shall cease.

g) Notwithstanding anything to the contrary herein contained, this agreement may be terminated by the City without cause at any time for any reason for thirty (30) days notice given in writing to the Plan Provider.

h) In the event that additional funds for this agreement are not appropriated and made available in the City's 2014 budget, or in subsequent fiscal years, this agreement shall terminate upon the expenditure of the funds authorized by purchase order.

4. AWARD OF CONTRACT

The contract, if awarded, will be awarded to the lowest responsible qualified bidder whose proposal complies with the requirements as stated herein. Proposals may be rejected where the premiums as proposed are obviously unreasonable. Award of the contract will be made by the City Council.

The City may reject any and all proposals when it determines that it is in the public interest to do so. It reserves the right to waive technicalities or to request new proposals.

The proposed fee, while considered important, will not be the sole consideration in the selection of a provider. The following factors, along with others, will be used in the evaluation of a successful bidder:

- a) General experience
- b) Experience in providing a dental insurance plan
- c) Level of fees
- d) Handicap Accessibility
- e) Number of participating dentists
- f) Ability to provide required administrative services
- g) References from New Jersey clients
- h) Computerized data management systems
- i) Best rate provided for each plan. The City reserves the right to award service of the Open and the Closed Plan to the same or different carriers based on what the City determines to be in the best interest of the City and its' employees
- j) Anticipated employee out of pocket costs associated with each plan

5. CAUSES FOR REJECTION

Proposals from bidders who are found to be unqualified and proposals submitted without all required information.

In addition, causes for rejection of proposals may include but not be limited to the following:

- a) Level of fees
- b) If bidder does not have a sufficient number of participating dentists.
- c) Participating dental facilities are not accessible to the handicapped.
- d) Inability to provide required administrative services.
- e) Projected employee out of pocket costs
- f) Carrier cannot guarantee benefit levels commensurate with Collective Bargaining Agreements.

6. BUSINESS AND BACKGROUND INFORMATION

Providers must furnish evidence of experience, capability and financial responsibility for providing such a Capitation Program. Background on your company includes financial information, identification of parent company, services, organization and company goals. Provide the names, addresses, contact person with title and phone number of three current New Jersey clients.

7. ELIGIBILITY AND COVERAGE

a) All active employees of the City shall be eligible for benefits hereunder other than those persons employed on a short term, seasonal, intermittent or emergency basis or those specifically excluded by Union contract.

b) The dependents of an eligible employee shall also be eligible for benefits hereunder, but only during such period of time that the employee is eligible, as follows:

- 1) The spouse of an eligible employee
- 2) The children of an eligible employee; eligible children are defined as natural children, legally adopted children, children of whom the employee has legal guardianship and step-children of an eligible employee who are unmarried and who have attained the age of at least three (3) years, and have not attained the age of nineteen (19) years, except that if an otherwise eligible child is attending college on the basis of full-time matriculation (with documented proof), such child shall be eligible for as long as such child has not attained the age of twenty-three (23) years. An unmarried dependent child over the limiting age may be eligible as a dependent if he/she is incapable of self-support because of a physical or mental incapacity that commenced prior to reaching the limiting age, providing a physicians certificate is submitted to the provider following the attainment of the limiting age.

c) Such other employees (and their dependents) shall be eligible as shall from time to time be agreed to by the City.

d) The eligibility of any employee (and his/her dependents) shall cease upon the discontinuance of his/her employment for whatever reason, or upon cessation of active, full-time employment.

e) The coverage hereunder of any employee and his/her dependents, if any, shall commence on the first day of the month following the month in which the employee (and his dependents) have attained two months= employment, and such coverage shall cease on the last day of the month of employment.

8. PLAN PAYMENTS

a) Payments for benefits provided hereunder shall be made in the following manner:

1) The City shall remit to the Plan Provider within thirty (30) days of the effective date of this agreement or effective date of coverage an amount equal to the monthly premium multiplied by the number of covered employees on the effective date of coverage.

2) The City shall remit to the Plan Provider by the tenth (10) day of each succeeding month, during the term of this agreement, an amount equal to the said monthly premium multiplied by the number of covered employees as of the first day of each of said months. A thirty (30) day grace period shall be granted to the City to pay any and all premiums if necessary.

b) All monies paid to the Plan Provider under this agreement shall become the sole property of the Plan Provider and the Plan Provider shall have no obligation to account therefore, nor segregate the same for investment purposes or otherwise on behalf of any person or persons, provided, however, if the City shall be entitled to refund of any money paid based upon a claimed overpayment, the Plan Provider shall be notified of same, shall be the right to contest same with the City and shall remit same promptly to the City upon final determination that a refund shall be due.

9. TREATMENT/BENEFIT

Listed below are the types of service to be provided with applicable employee co-pay. Your proposed fee must be based on these benefits or better to the employee. **Do not submit a proposal based with less benefit to the employee.** Benefit levels are subject to change depending on collective bargaining negotiations between the City and each of the employee unions. Carrier must be able to alter benefit levels to conform to employee contracts as well as provide the City with any assistance required in evaluating potential changes during the negotiation process.

Carrier must provide 2nd Open Enrollment Period with eligibility for enrollment effective July 1st 2014 and each July 1st thereafter.

Capitated/Closed Program

(more detailed benefit summaries are attached)

<u>TREATMENT</u>	<u>BENEFIT</u>
Preventive/Diagnostic (X-rays, exams, cleaning)	100%
Treatment/Restorative (Fillings)	100%
Periodontia (Gum treatment)	\$400 employee co-pay per case
Prosthodontia (Bridges, dentures)	\$50 employee co-pay per case
Orthodontia (Braces)	\$600 employee co-pay per case
Crowns (Caps)	\$50 employee co-pay per tooth
Oral Surgery	100%
Annual Maximum Service	None
Employee's Choice of Dentist	One (1)

Listing of Participating Close Plan Panel of Providers is attached to RFP

Carrier awarded Dental contract is responsible for honoring Orthodontia benefit for all enrolled dependents receiving Orthodontia treatment or having had braces installed as a covered benefit under previous policy term. The application of this provided benefit, or any provided benefits, will not be interrupted by enrollment with new Dental carrier.

Open Dental Program

(more detailed benefit summaries are attached)

Listed below are the types of service to be provided with applicable employee co-pay for the Open Dental Program. Your proposed fee must be based on these benefits or better to the employee. **Do not submit a proposal based on less benefits to the employee.**

<u>TREATMENT</u>	<u>BENEFIT</u>
Preventive/Diagnostic (X-rays, exams, cleaning)	100%
Treatment/Restorative (Fillings)	100%
Periodontia (Gum treatment)	80%
Prosthodontia (Bridges, dentures)	50%
Orthodontia (Braces)	80% (\$1,000 life time maximum)
Crowns (Caps)	50%
Oral Surgery	80%
Annual Maximum Service	\$1,300 annually for groups: 01,02,03,04,05,17 \$2,000 annually for groups: 06,07,08,09

Carrier awarded Dental contract is responsible for honoring Orthodontia benefit for all enrolled dependents receiving Orthodontia treatment or having had braces installed as a covered benefit under previous policy term. The application of this provided benefit, or any provided benefits, will not be interrupted by enrollment with new Dental carrier.

Retiree Dental Program

Retiree Program offerings must match benefits with the Open Plan Option with the \$1,300.00 Annual Maximum as well as an option matching the Closed Plan Option. Retirees will have the choice to choose either option upon retirement and at Open Enrollment each year. The Retiree Program is made available to all City of Jersey City retirees on a voluntary, retiree funded basis and coverage must be accessible in every state as retirees currently reside in multiple locations around the country.

The responding carrier must coordinate the billing and administration of the Retiree Program with the Third Party Administrator currently administering this program for the City of Jersey City. Any and all fees associated with the TPA are added to the 4 Tier Rates provided by responding carrier and agreed upon by the City. Once accepting proposal, the City provides only basic information to retirees; administration is left to TPA and responding carrier. All Retiree enrollment information must be made available upon request and responding carrier is responsible for notifying Retirees upon plan renewal.

10. PROVIDER DISCOUNTS & FEES

Each carrier must provide discount fee information relative to Usual & Customary charges for the Basic & Major Services procedures as applicable in the designated zip codes and outlined in the attached fee table. These five procedure codes represent the most utilized services by current employees in each of the Basic & Major Services categories. Each carrier must define "Usual and Customary" and its source and detail how often is the discounted fee schedule updated. The City of Jersey City reserves the right to reject proposals based on these reimbursement fees and anticipated out of pockets costs incurred by City employees.

11. RECORDS, REPORTS AND INSPECTIONS

a) All eligible employees may be asked to complete and give to the City to be filed with the Plan Provider an individual application on behalf of themselves; and their dependents, if any, as a prerequisite to coverage under this agreement. The City shall furnish the Plan Provider with a tentative list of covered employees prior to the effective date of coverage. This list shall include each employee's name, address and age, and shall contain the same information with respect to such employee=s covered dependents.

b) Thereafter, and during the term of this agreement the City shall maintain records from which may be determined the types of coverage selected, the names, with birth dates and addresses of all employees and dependents covered by the agreement. Such information shall be furnished to the provider by the City at such time or times and in such form and detail as may reasonably be required by the provider to maintain a currently active record of all covered employees. The City shall, as required, make verification as to dependents entitled to receive benefits under the agreement.

c) The Plan Provider shall not be responsible for treating any employee or dependent who is not included on the monthly eligibility list of covered employees and covered dependents and for whom payment has not been made in accordance with section 8 of this document, that the Plan Provider shall make a conscientious effort to complete any dental work commenced on a covered employee or dependent but not completed prior to termination of coverage, within thirty (30) days following such termination, without any additional charge to such employee; provided, however, in no event shall the Plan Provider be responsible for the completion of any dental work not completed within thirty (30) days following termination of coverage of any employee or dependent, unless such failure to comply arises through the inability of the Plan Provider to schedule appointments or delay occasioned by mechanical dentistry or laboratory work shall be completed.

d) In the event any person shall not appear upon the monthly eligibility list or shall have been deemed terminated and the status of such person shall be questioned by the City or the Plan Provider, or if such list has not been provided for that month, the Plan Provider shall perform such services as may be necessary upon written authorization of the City pending clarification of status. If such person shall be deemed to have been ineligible, the City shall pay the reasonable usual fees for such services.

e) The Plan Provider shall maintain records for each employee in accordance with its professional standards, records shall include the date of each visit, the diagnosis, the treatment and any other vital and pertinent data deemed by the treating dentist agent or servant of the provider to be necessary for the proper treatment and care of such patient. Any charges made to the covered employee, shall also be recorded on such employees records, together with the date thereof and the reason therefore. Records pertaining to a covered employee shall be made available when reasonably requested for inspection by the covered employee and those authorized by such covered employee to inspect such records.

f) Ownership of such records shall continue at all times with the provider, provided the provider shall upon request of any eligible employee, (during the term of this agreement) and a period of six (6) years following termination, provide employee, or at the option of the employee, a licensed dentist, with a true copy thereof or a clear, legible photocopy.

g) In the event of termination of this agreement, the City shall have the right to require all records to be deposited in a public warehouse, or such other place as may be designated by the City, at the expense of the City.

h) The Plan Provider shall furnish the City at the end of each successive three (3) month period during the term of this Agreement with a list containing the name of each covered employee (and dependents) for whom services were provided hereunder during the preceding three (3) month period, and further containing a summary description of the nature of the services provided, together with the amount of charges to the employee therefore, and the date and reason for said charges.

i) The Plan Provider shall provide a cumulative report at the termination of the Agreement, containing a yearly summary description of the nature of the services provided, together with the amount of charges to the employee therefore, and the date and reason for said charges.

j) All records and reports (or copies thereof) required to be prepared or maintained pursuant to this Agreement shall be maintained and made available as herein above required during the term of this Agreement and for a period of at least six (6) years following termination of this Agreement.

k) The City shall at all times during the term of this Agreement have the right to inspect the facilities provided for the rendering of benefits hereunder, provided, however, that no such inspection shall, directly or indirectly, interfere with or adversely affect the operations of such facilities and further provide that any inspection shall be confined to that which would be permitted under applicable standards of professional ethics and regulations pertaining to the practice of dentistry.

12. HOURS OF OPERATION

The participating dental practices are to provide a full range of hours with availability for evening and/or Saturday appointments. In addition, these practices are to have 24 hour a day accessibility for emergencies.

For emergencies that are outside of normal office hours, dentists are to provide a direct number or access through a phone service by calling the regular office number. Procedures for obtaining after hours care must be available to all patients.

A patient must be able to obtain an urgent appointment within 24 hours and if the condition warrants an emergency appointment almost immediately. If the primary dentist is unavailable, a covering dentist should be assigned to handle the case.

It is understood that waiting times for individual dentists will vary according to the office. However, dentists must offer equal access to treatment and appointments for all patients, irrespective of the type of insurance coverage or lack thereof.

13. NON-DISCRIMINATION IN EMPLOYMENT

The contract provisions must include that the provider will not discriminate against any employee or applicant because of race, creed, color, sex or national origin, and to take affirmative action to insure that applicants are employed and employees are treated without regard to race, creed, color, sex or national origin. Contractors are required to comply with the requirements of PL. 1975 c. 127(Law Against Discrimination) and with N.J.A.C. 17:27-1.1 et seq., (The Affirmative Action Rules).

14. FACILITIES / PROVIDERS

Carrier must submit Network/Provider Directories with proposal and outline how many networks, if more than one, may be applicable with the Open Dental Plan. Fee schedules, as requested in Section 10, must be provided for each applicable network. Carrier may be responsible for providing full Provider Disruption Analysis prior to award.

15. INDEMNIFICATION

Provider shall purchase and maintain the following insurance during the term of the agreement:

a) Comprehensive General Liability: including premises operations, products completed operating and independent contractor coverage - not less than One Million (\$1,000,000) Dollars combined single limit for bodily injury and property damage liability. The City of Jersey City, its agents, servants shall be named as additional insured.

b) Professional Liability Insurance: Covering as insured the Dental Provider with not less than One Million (\$1,000,000) Dollars limit of liability said policy shall include an endorsement whereby the Dental Provider indemnifies and holds harmless the City, its respective employees and all claims against any of them for personal injury or death or property damage arising solely out of the negligent performance of professional service covered by error, omission or negligent act of the provider or anyone employed by the provider.

c) Certificates of same to be provided prior to execution of contract.

16. GRIEVANCES

Notwithstanding anything herein to the contrary contained, the City, acting on its own behalf and/or on behalf of covered employees, may file complaints by serving the same upon the Plan Provider. A copy of every complaint received by the Plan Provider, together with an account of the disposition thereof and the action taken pursuant thereto, shall be maintained by the Plan Provider as part of the records it is required to keep hereunder.

a) Every covered employee shall have the right and shall be afforded the opportunity to submit any complaint or grievance that he or she shall have with respect to his/her participation under this Agreement to the Plan Provider and such complaints must be made in writing and submitted in accordance with procedures to be adopted by the Plan Provider.

b) The Plan Provider shall, within ten (10) days after receipt of a copy of any complaint, file a copy of the complaint and a written answer thereto with the City for notification purposes. Where the Plan Provider in its answer, agrees to remedy or cure the basis of the complaint, and in fact does so, the complaint shall be deemed withdrawn. In the event that the Plan Provider shall deny or not answer the allegations of the complaint or refuse to provide any requested remedy or cure any issues raised by the complaint, the dispute shall be referred to, and be decided by, arbitration to be provided by and under the ten current rules and procedures of the American Arbitration Association. All proceedings shall be held within the State of New Jersey. This provision shall in no way abridge or interfere with the right of any individual to resort to legal proceedings to redress any grievance.

c) The Plan Provider shall indemnify and hold harmless from any and all claims or liability which may arise or be determined to exist by reason of this grievance procedure.

d) How will employee dissatisfaction with a dentist be handled and is the patient required to give a specific reason for their complaint?

17. REQUIRED SUBMITTALS

It is mandatory that the documents listed below be submitted with all proposals:

- 1) Mandatory Affirmative Action Language
- 2) Non-Collusion Affidavit
- 3) Public Corporate Disclosure
- 4) Americans with Disabilities Act
- 5) Referral Listing of Three (3) New Jersey Clients
- 6) Resumes of Professional Staff to Service City
- 7) Closed Panel Provider Network Listing
- 8) Business Registration Certificate
- 9) Letter Confirming Plan Benefits Compliant with Employee Contracts
- 10) Completed Basic & Major Procedure Code Fees
- 11) Completed Active Employee Open & Closed Plan Pricing Table
- 12) Completed Active Employee Cobra Pricing Table
- 13) Completed Retiree Program Pricing Table

18. MISCELLANEOUS

a) The Plan Provider shall be responsible for the cost of any and all printed material required under this agreement.

b) Any notice, consent or other communication required by, or to be given pursuant to the agreement shall be in writing and shall be delivered to the intended recipient thereof. A document shall be deemed delivered if mailed to the intended recipient by certified mail, return receipt requested, postage prepaid.

c) If any of the provisions of this Agreement are contrary to any law or regulation the parties shall by agreement have the right to modify and restructure the provisions thereof in whole or in part, such that covered employee will be able to obtain substantially all of the benefits provided for herein or the parties by agreement shall have the right to declare this Agreement null and void, in which case, the Plan Provider shall thereafter be relieved of all obligations hereunder.

d) This agreement is made in the State of New Jersey under, and subject to its laws. The laws of New Jersey shall govern and be used for the interpretation, construction and enforcement of this Agreement.

e) The City shall not be liable for the cost of dental services rendered pursuant to this Agreement except to the extent of the monthly payments agreed to hereunder.

f) The execution date of this Agreement shall be January 1, 2014 with coverage to commence no later than January 1, 2014.

g) In the event of any dispute among the parties hereto with respect to construction of this Agreement, such disputes shall be settled by arbitration in New Jersey in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered may be entered in any court having jurisdiction therein. This provision shall in no way abridge or interfere with the right of any party to this Agreement to resort to legal proceedings to redress any grievance hereunder.

19. BROKER SERVICES

Carrier shall provide Broker, with written authorization from the City of Jersey City, on-line enrollment access.

20. CURRENT CONTRACT RATES – CAPITATED/CLOSED PROGRAM

Rates for the contract year expiring December 31, 2013: \$56.84

21. CURRENT CONTRACT RATES – OPEN DENTAL PROGRAM

Rates for the contract year expiring December 31, 2013:

\$77.39 – Group 9252 / 01,02,03,04,05

\$79.13 – Group 9252 / 06,07,08,09

22. CURRENT CONTRACT RATES – RETIREE OPEN DENTAL PROGRAM

Rates for the contract year expiring December 31, 2013:

1P \$43.88

2P \$81.20

3P \$131.59

23. CURRENT CONTRACT RATES – RETIREE CLOSED DENTAL PROGRAM

Rates for the contract year expiring December 31, 2013:

1P \$28.24

2P \$54.40

3P \$96.01

24. PRICING OPTIONS

Carrier to submit all Pricing Options; rates are to be provided in the attached Pricing Tables:

- a) Submit composite rate for providing service for the Open Plan and Closed Plan
- b) Submit 3 Tier Rates for Open Plan & Closed Plan
- c) Submit 12 month and 24 month composite rates for the Open Plan and Closed Plan
- d) Submit 12 month and 24 month 3 Tier rates for the Open Plan and Closed Plan
- e) Submit 3 tier rates for Cobra members
- f) Submit 3 tier rates for Retiree Program
- g) Submit 3 tier rates for NEW Retiree Program option of Open Plan with \$2,000 Annual Maximum

25. INTERPRETATION OF SPECIFICATIONS

All questions regarding the Dental Insurance Plan or this Request for Proposal should be directed to the City's Division of Purchasing:

Peter Folgado, Purchasing Agent
Jersey City Department of Administration
Division of Purchasing
1 Journal Square Plaza, 2nd Floor
Jersey City, NJ 07306
(201) 547-5156
Peterf@jcnj.org

Proposals must be submitted to, and be received by the City, via mail or hand delivery, by 4:00 p.m. prevailing time on November 1st, 2013. Any and all Proposals not received by the City by 4:00 p.m. prevailing time on November 1st, 2013 will be rejected.

Two complete copies of Proposals should be submitted to:

Peter Folgado, Purchasing Agent
Jersey City Department of Administration
Division of Purchasing
1 Journal Square Plaza, 2nd Floor
Jersey City, NJ 07306
(201) 547-5156

(REVISED 4/13)

EXHIBIT A
MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)
N.J.A.C. 17:27

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

EXHIBIT A (Continuation)

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at www.state.nj.us/treasury/contract_compliance)

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.

The undersigned vendor certifies on their company's receipt, knowledge and commitment to comply with:

EXHIBIT A
N.J.S.A. 10:5-31 and N.J.A.C. 17:27
MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
Goods, Professional Services and General Service Contracts
(Mandatory Affirmative Action Language)

The undersigned vendor further agrees to furnish the required forms of evidence and

understands that their contract/company's bid shall be rejected as non-responsive if said contractor fails to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27.

Representative's Name/Title (Print): _____

Representative's Signature: _____

Name of Company: _____

Tel. No.: _____

Date: _____

NON-COLLUSION AFFIDAVIT

PROJECT TITLE:

STATE OF _____)
: ss.
COUNTY OF _____)

I, _____ of the City of _____, in the County of _____ and the State of _____, of full age, having been duly

sworn to law, upon my oath depose and say that:

I am _____ of the firm _____, the Bidder making the Proposal for the above named Project and that I executed the said Proposal with full authority to do so; that said Bidder has not, directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken action in restraint of free, competitive bidding in connection with the above named Project; and that all statements contained in said Proposal and in this affidavit are true and correct, and made with full knowledge that the city of Jersey City relies upon the truth of the statements contained in said Proposal and in the statements contained in this affidavit in awarding the Control for the said Project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by _____
(Name of Contractor) (Title)

ATTEST:

Secretary

Sworn and subscribed to before me this

_____ day of _____, 2013

Notary Public

My Commission Expires on: _____

PUBLIC DISCLOSURE INFORMATION

Chapter 33 of the Public Laws of 1977 provides that no Corporation or Partnership shall be awarded any State, City, Municipal or Schools District contracts for the performance of any work or the furnishing of any materials or supplies, unless prior to the receipt of the bid or accompanying the bid of said corporation or partnership there is submitted a public disclosure information statement. The statement shall set forth the names and addresses of all stockholders in the corporation or partnership who own ten percent (10%) or more of its stock of any class, or of all individual partners in the partnership who own a ten percent (10%) or greater interest therein.

STOCKHOLDERS:

Name	Address	% owned

SIGNATURE : _____

TITLE: _____

SUBSCRIBED AND SWORN TO
BEFORE ME THIS DAY _____ OF 20 _____

(TYPE OR PRINT NAME OF AFFIANT UNDER SIGNATURE)

NOTARY PUBLIC OF
MY COMMISSION EXPIRES: 20 .

(NOTE: THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED WITH THIS PROPOSAL).

APPENDIX A
AMERICANS WITH DISABILITIES ACT OF 1990
Equal Opportunity for Individuals with Disability

The contractor and the _____ of _____, (hereafter "owner") do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "Act") (42 U.S.C. 12101 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant thereto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the owner pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act. In the event that the contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the owner in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the owner, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the owner's grievance procedure, the contractor agrees to abide by any decision of the owner which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the owner, or if the owner incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the contractor shall satisfy and discharge the same at its own expense.

The owner shall, as soon as practicable after a claim has been made against it, give written notice thereof to the contractor along with full and complete particulars of the claim. If any action or administrative proceeding is brought against the owner or any of its agents, servants, and employees, the owner shall expeditiously forward or have forwarded to the contractor every demand, complaint, notice, summons, pleading, or other process received by the owner or its representatives.

It is expressly agreed and understood that any approval by the owner of the services provided by the contractor pursuant to this contract will not relieve the contractor of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the owner pursuant to this paragraph.

It is further agreed and understood that the owner assumes no obligation to indemnify or save harmless the contractor, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

Representative's Name/Title Print): _____

Representative's Signature: _____

Name of Company: _____

Tel. No.: _____ Date: _____

City of Jersey City
Dental Program - Procedure Code Fee
Request for Proposal - 2014 Plan Year

Provider Reimbursement Fee Schedule

07002 (Bayonne) 07304 (Jersey City) 07730 (Hazlet)

Basic Services

Procedure Code 04260
Procedure Code 04341
Procedure Code 07210
Procedure Code 07240
Procedure Code 09940

Major Services

Procedure Code 06750
Procedure Code 02740
Procedure Code 02750
Procedure Code 02752
Procedure Code 02954

City of Jersey City

Dental Program - Pricing Table

January 1st 2014

Super Composite Monthly Rates

	12 month contract 1/1/14 - 12/31/14	24 month contract 1/1/14 - 12/31/15
\$		\$
\$		\$
\$		\$

Full Dental Program Service
Open Plan: \$1,300 Annual Max
\$2,000 Annual Max

Closed Plan:

3 Tier Monthly Rates

	12 month contract 1/1/14 - 12/31/14	24 month contract 1/1/14 - 12/31/15
1P \$		1P \$
2P \$		2P \$
3P \$		3P \$
1P \$		1P \$
2P \$		2P \$
3P \$		3P \$
1P \$		1P \$
2P \$		2P \$
3P \$		3P \$

Open Plan: \$1,300 Annual Max

\$2,000 Annual Max

Closed Plan:

Do not amend or alter the Pricing Table - Input rates in the appropriate boxes
Any alterations to the Pricing Table will void the proposal

City of Jersey City

Dental Program - Cobra Pricing Table

January 1st 2014

3 Tier Monthly Cobra Rates

	12 month contract 1/1/14 - 12/31/14	24 month contract 1/1/14 - 12/31/15
Open Plan:		
\$1,300 Annual Max	1P \$ 2P \$ 3P \$	1P \$ 2P \$ 3P \$
\$2,000 Annual Max	1P \$ 2P \$ 3P \$	1P \$ 2P \$ 3P \$
Closed Plan:		
	1P \$ 2P \$ 3P \$	1P \$ 2P \$ 3P \$

Do not amend or alter the Pricing Table - Input rates in the appropriate boxes
Any alterations to the Pricing Table will void the proposal

City of Jersey City

Retiree Plan Dental Program - Pricing Table

January 1st 2014

Retiree Dental Program - Monthly Rates

Open Plan Option - \$1,300 Annual Maximum

12 month contract 1/1/14 - 12/31/14		24 month contract 1/1/14 - 12/31/15	
1P \$		1P \$	
2P \$		2P \$	
3P \$		3P \$	

Retiree Dental Program - Monthly Rates

Open Plan Option - \$2,000 Annual Maximum

12 month contract 1/1/14 - 12/31/14		24 month contract 1/1/14 - 12/31/15	
1P \$		1P \$	
2P \$		2P \$	
3P \$		3P \$	

Retiree Dental Program - Monthly Rates

Closed Plan Option

12 month contract 1/1/14 - 12/31/14		24 month contract 1/1/14 - 12/31/15	
1P \$		1P \$	
2P \$		2P \$	
3P \$		3P \$	

Do not amend or alter the Pricing Table - Input rates in the appropriate boxes
Any alterations to the Pricing Table will void the proposal

HORIZON DENTAL CHOICE PLAN J (Closed Plan)

BASIC	COVERED SERVICE	COPAYMENT/ COINSURANCE AMOUNT
Visits and Exams	Office Visit - oral exam Emergency palliative treatment Prophylaxis, treatment to include scaling & polishing Topical application of fluoride Study models	0
X-rays	Bitewing X-rays* (once every six months) Entire series/Panoramic* (once every 36 months) Periapical X-rays Intra-oral, occlusal view, maxillary or mandibular Extra-oral upper or lower jaw * Consult your Dentist regarding ADA guidelines for X-ray exposure	0
Endodontics	Pulp vitality test Pulp capping Pulpotomy Apexification Rubber dam isolation Root canal therapy, including necessary X-rays and cultures but excluding complex molar cases approved as Specialty Services Anterior Bicuspid	0
Endodontics - Includes local anesthetics where necessary	Apexification Apicoectomy (per tooth) - first root Apicoectomy (per tooth) - each additional root Retrograde Filling Root Amputation Hemisection	0
Oral Surgery – Includes local anesthetics and routine post-operative care.	Extractions, uncomplicated Surgical removal of erupted tooth Surgical removal of impacted tooth (soft tissue) Excision of hyperplastic tissue Excision of pericoronal gingiva Incision and drainage of abscess Crown exposure to aid eruption Removal of foreign body from soft tissue Suture of soft tissue injury	0
Periodontics	Gingivectomy or Gingivoplasty - per quadrant Gingivectomy or Gingivoplasty - per tooth Gingival flap procedure - per quadrant Free soft tissue graft Occlusal adjustment (other than with an appliance or by restoration) - Limited - Entire mouth	0

Restorations & Repairs	Amalgam restorations - 1 surface - 2 surfaces - 3 or more surfaces Resin restorations (other than for molars) - 1 surface - 2 surfaces - 3 or more surfaces Retention pins Stainless steel crowns Resin temporary crowns Recementing inlays, crowns, bridges, space maintainers Tissue conditioning for dentures	0
Periodontics	Emergency treatment (abscess, acute periodontitis, etc.) Subgingival curettage Scaling and root planing	0
Oral Surgery - Includes local anesthetics where necessary and post-operative care	Removal of residual root Removal of odontogenic cyst Closure of oral fistula Removal of foreign body from bone Sequestrectomy Frenectomy Transplantation of tooth or tooth bud Alveolectomy/Alveoplasty Removal of exostosis Sialolithotomy; removal of salivary calculus Closure of salivary fistula	0
Restorations	Metallic/porcelain/resin inlays (1 surface)* Metallic/porcelain/resin inlays (2 or more surfaces)* Metallic onlays (1 surface)* Metallic onlays (2 or more surfaces)* Also: Porcelain/ceramic/composite/resin Stress Breakers (per unit) Stayplates Crown and bridge repairs Full and partial denture repairs Relining/rebasing dentures Habit appliances (bruxism, etc.)	0
Restorations Once every 60 months	Crowns (including build-ups when necessary) Post and core Pontics Full and Partial Dentures - includes adjustments within [6] months after installation (Upper or Lower) Adding teeth to an existing partial denture	0
Space Maintainers - Includes all adjustments within [6] months after insertion	Fixed unilateral or bilateral Removable unilateral or bilateral Removable appliance to correct habits Fixed or cemented appliance to correct habits	0
Endodontics - Includes local anesthetics where necessary	Complex Molar Root Canal Therapy, including X-rays and cultures but excluding final restoration	0
Oral Surgery - Includes local anesthetics where necessary and post-operative care	Surgical removal of impacted tooth, - Partially bony - Completely bony	0

Periodontics Once every 60 months	Osseous surgery including gingivectomy, soft tissue grafts, and post-operative care (including flap entry and closure) Guided Tissue Regeneration (GTR), including related procedures	0
Orthodontic Procedures (Per Optional Rider)	Orthodontic fee for a normal 24 month banded case – children per lifetime	\$600 copay per 24 month case
	Broken Appointments –(less than 24-hour-notice)	\$25.00



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.



City of Jersey City Dental Option Plan

(Management, JCSA, and Fire Superiors)

		Dental Option Plan
Annual Deductible		None
Out-of-network benefits		Yes
Annual Maximum		\$1,300
Ortho Max		\$1,000
COVERED SERVICES		OUT-OF-POCKET COSTS
Exams and Preventive Services Exams*	All exams Fluoride treatment (child) Sealant application Prophylaxis	0%
X-rays*	Panoramic Full-mouth X-rays	0%
Space maintainers	Space maintainers – fixed unilateral/bilateral	20%
Restorations and Repairs	Amalgam restorations Composite restorations (other than for molars)	20%
Endodontics	Pulp cap/Pulpotomy Root canal therapy – anterior, bicuspid, molar	20%
Periodontics	Scaling and root planing Gingivectomy Soft tissue grafts Periodontal maintenance Osseous surgery	20%
Oral Surgery	Routine extractions Soft tissue surgical extractions Incision and drainage of abscess Surgical extractions – impacted	20%
COVERED SERVICES		OUT-OF-POCKET COSTS
Major Restoration	Crowns	20% to 50%
Dentures	Complete and partial dentures Denture adjustments and repairs	50%
Fixed Bridges	Retainers and pontics	50%
Orthodontic Procedures (per optional rider)	Children only.	20%

Services are for illustrative purposes only. For complete listing of covered services, plan limitations, deductibles and maximums, consult your benefit booklet.

Dental Vocabulary

Visits and Exams

Fluoride Treatment - a prescription strength fluoride product that helps strengthen the tooth surface and prevent cavities.

Sealant Application - a composite material used to seal the decay-prone pits, fissures and grooves of children's teeth to prevent tooth decay.

Space Maintainer - a dental appliance that fills the space of a lost tooth or teeth and prevents other teeth from moving into the space. Used especially in orthodontic and pediatric treatment.

Prophylaxis - the scaling and polishing procedure performed to remove calculus, plaque and stains from teeth.

Restorations and Repairs

Restoration - any material or device used to replace tooth structure lost because of decay or fracture.

Amalgam - an alloy used to restore teeth.

Composite Restoration - a tooth-colored material used to restore teeth.

Endodontics

Endodontics - the dental specialty that deals with injuries to or diseases of the pulp, or nerve, of the tooth.

Pulp Cap - procedure used by which pulp is covered with a dressing or cement.

Pulpotomy - to remove a portion of the tooth's pulp.

Root Canal Therapy - the process of treating disease or inflammation of the pulp or root canal. This involves removing the pulp and tooth's nerves and filling the canal(s) with an appropriate material for a permanent seal.

Anterior - refers to the teeth and tissues toward the front of the mouth.

Molar - the broad, multicusped back teeth used for grinding food.

Bicuspid - a two-cusped tooth found between the molar and the cuspid.

Periodontics

Periodontics - the dental specialty that deals with injuries or diseases of the gums and supporting tissues.

Scaling - a procedure used to remove plaque, calculus and stains from the teeth.

Root Planning - the process of scaling and planning root surfaces to remove all calculus, plaque and infected tissue.

Gingivectomy - the surgical removal of gingival (gum) tissue.

Osseous Surgery - surgery performed to correct damage to gingival (gum) tissue and supporting structures as a result of periodontal disease.

Oral Surgery

Surgical Extractions - extraction of an unerupted tooth by making a surgical incision.

Incision and Drainage of Abscess - making an incision so the trapped liquids in the infected tissue can escape.

Major Restoration

Crowns - the portion of the tooth that is covered by enamel. Also a dental restoration that covers the area of the tooth and restores it to its original shape.

Dentures

Complete Dentures - a dental prosthesis that replaces all the natural teeth of a single dental arch.

Partial Dentures - a dental prosthesis that replaces one or more, but less than all, of the natural teeth and associated structures in an arch.

Fixed Bridges

Retainers - the part of a fixed bridge that attaches a false tooth to a natural tooth or implant.

Pontics - an artificial tooth used in a fixed bridge to replace a missing tooth.



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.



City of Jersey City

Dental Option Plan

(POBA, PSOA, and Fire Fighters)

		Dental Option Plan
Annual Deductible		None
Out-of-network benefits		Yes
Annual Maximum		\$2,000
Ortho Max		\$1,000
COVERED SERVICES		OUT-OF-POCKET COSTS
Exams and Preventive Services Exams*	All exams Fluoride treatment (child) Sealant application Prophylaxis	0%
X-rays*	Panoramic Full-mouth X-rays	0%
Space maintainers	Space maintainers – fixed unilateral/bilateral	20%
Restorations and Repairs	Amalgam restorations Composite restorations (other than for molars)	20%
Endodontics	Pulp cap/Pulpotomy Root canal therapy – anterior, bicuspid, molar	20%
Periodontics	Scaling and root planing Gingivectomy Soft tissue grafts Periodontal maintenance Osseous surgery	20%
Oral Surgery	Routine extractions Soft tissue surgical extractions Incision and drainage of abscess Surgical extractions – impacted	20%
COVERED SERVICES		OUT-OF-POCKET COSTS
Major Restoration	Crowns	20% to 50%
Dentures	Complete and partial dentures Denture adjustments and repairs	50%
Fixed Bridges	Retainers and pontics	50%
Orthodontic Procedures (per optional rider)	Children only.	20%

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Retainers - the part of a fixed bridge that attaches a false tooth to a natural tooth or implant.

Pontics - an artificial tooth used in a fixed bridge to replace a missing tooth.



Loss Ratio Report

096987

CITY OF JERSEY CITY

Date	Paid Claims	Enrollment	BilledPremium	LossRatio
201209	\$112,324.30	1,882	\$145,587.66	77.15%
201210	\$108,426.80	1,895	\$146,232.06	74.15%
201211	\$98,001.95	1,884	\$145,311.25	67.44%
201212	\$128,469.48	1,881	\$146,402.12	87.75%
201301	\$147,560.34	1,876	\$144,945.48	101.80%
201302	\$122,294.15	1,871	\$144,350.56	84.72%
201303	\$121,689.70	1,868	\$144,162.15	84.41%
201304	\$146,679.03	1,861	\$143,517.07	102.20%
201305	\$130,655.16	1,861	\$143,554.39	91.01%
201306	\$121,296.63	1,859	\$143,490.63	84.53%
201307	\$119,495.12	1,860	\$143,750.30	83.13%
201308	\$111,712.72	1,862	\$143,792.89	77.69%
Totals	\$1,468,605.38	1,872	\$1,735,096.56	84.64%

JERSEY CITY CLOSED PLAN DENTAL DIRECTORY

Atlantic County

Eastern Dental of Northfield
1634 New Road
Northfield, NJ 08225
609-677-1589
OFFICE: NJ0444

Bergen County

Dental Care LLC
331 Ridge Road
Lyndhurst, NJ 07071
201-438-4774
OFFICE: NJ0540

Shah, Ritesh
331 Ridge Road
Lyndhurst, NJ 07071
201-438-4774
OFFICE: NJ0540A

Burlington County

Eastern Dental of Burlington
202 Route 130 North
Cinnaminson, NJ 08077
856-303-0600
OFFICE: NJ0329

Eastern Dental of Marlton
8001 Lincoln Drive West
Suite 4
Marlton, NJ 08053
856-938-5400
OFFICE: NJ0454

Dental Health Associates PA
1636-21 Route 38
Lumberton, NJ 08048
609-914-5050
OFFICE: NJ0465

Camden County

Eastern Dental of Laurel
Springs
3 Kelly Drivers Road
Laurel Springs, NJ 08021
856-784-5100
OFFICE: NJ0453

Cumberland County

Eastern Dental of Vineland
1145 East Chestnut Avenue
Vineland, NJ 08360
856-692-5400
OFFICE: NJ0455

Essex County

Dental Health Assoc
C G Lisman
1146 Stuyvesant Avenue
Irvington, NJ 07111
973-399-4242
OFFICE: NJ0377

Dental Health Assoc
C G Lisman
2 Washington Avenue
Irvington, NJ 07111
973-399-5000
OFFICE: NJ0261

Dental Health Associate, PA
9-25 Alling Street
Newark, NJ 07102
973-297-1500
OFFICE: NJ0333

Hunterdon County

Eastern Dental of
Flemington
433 US Highway 202
908-237-2100
OFFICE: NJ0538

Hudson County

Valerio, Michael M
524 42nd Street
Union City, NJ 07087
201-863-9090
OFFICE: NJ0417

Newport Centre Dental
30-71 A Mall Drive West
Jersey City, NJ 07310
201-626-2500
OFFICE: NJ0371

Jersey Dental Arts
846 Bergen Avenue
Jersey City, NJ 07306
201-946-1000
OFFICE: NJ0378

Diamond Dental Group, PC
2778 John F. Kennedy Blvd
Jersey City, NJ 07306
201-659-7000
OFFICE: NJ0561

Mercer County

Dental Health Associates PA
957 Rt 33 & Paxson Ave
Hamilton, NJ 08619
609-587-5858
OFFICE: NJ0449

Eastern Dental of
Lawrenceville
520 Lawrenceville Sq Blvd So
Lawrenceville, NJ 08648
609-587-6300
OFFICE: NJ0503

Eastern Dental of Ewing
1330 Parkway Avenue
Ewing, NJ 08628
609-883-0801
OFFICE: NJ0247

Eastern Dental of Hamilton
2103 Whitehorse Mercerville
Road
Hamilton Township, NJ
08619
609-587-0600
OFFICE: NJ0251

Middlesex County

Dental Health Associates PA
977 Livingston Ave.
North Brunswick, NJ 08902
732-418-9800
OFFICE: NJ0575

Eastern Dental of
Woodbridge
1030 St Georges Avenue
Avenel, NJ 07001
732-750-3600
OFFICE: NJ0249

Eastern Dental of Old Bridge
960 Route 9 South
South Amboy, NJ 08879
732-727-3399
OFFICE: NJ0250

Monmouth County

Eastern Dental of Eatontown
1802 Route 35 South
Oakhurst, NJ 07755
732-660-0500
OFFICE: NJ0520

Eastern Dental of Howell
2346 Route 9 South
Howell, NJ 07731
732-683-1130
OFFICE: NJ0558

Morris County

Eastern Dental of Parsippany
2936 Route 10 West
Morris Plains, NJ 07950
973-292-2550
OFFICE: NJ0548

Ocean County

Eastern Dental of Lacey
131 South Main Street
Forked River, NJ 08731
609-693-6066
OFFICE: NJ0487

Eastern Dental of
Ocean/Monmouth
2770 Hooper Avenue
Unit 4
Brick, NJ 08723
732-477-9200
OFFICE: NJ0248

Eastern Dental of
Manahawkin
733 Route 72 East
Manahawkin, NJ 08050
609-489-0030
OFFICE: NJ0585

Eastern Dental of Toms
River
1228 Route 37 West
Toms River, NJ 08755
732-286-7020
OFFICE: NJ0427

Passaic County

Eastern Dental of
Passaic/Essex
251 Clifton Avenue
Clifton, NJ 07011
973-478-9300
OFFICE: NJ0325

Sussex County

Eisenman, Barry
106 Quarry Road
Hamburg, NJ 07419
973-827-8804
Office: NJ0459

Union County

Eastern Dental of Union
2115 Route 22 West
Union, NJ 07083
908-964-5406
OFFICE: NJ0246

Warren County

Dental Health Associates PA
320 South Main Street
Phillipsburg, NJ 08865
908-454-9800
OFFICE: NJ0460